

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023443

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 1617

STATE FILE NUMBER

FILED JUN 25 1963

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OREGON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b DOA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last DAVID M. OWENS		4. DATE OF DEATH Month Day Year JUNE 7 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-24-33
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNK		10b. KIND OF BUSINESS OR INDUSTRY UNK	
11. BIRTHPLACE (City and state or country) UNK		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME LEE OTIS OWENS		13b. MOTHER'S MAIDEN NAME EFFIE (UNKNOWN)	
14. NAME OF HUSBAND OR WIFE ELIZABETH OWENS (WIFE)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES KOREAN		16. SOCIAL SECURITY NO. RECORDS, VA HOSPITAL, POPLAR BLUFF, MO.	
17. INFORMANT Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GUNSHOT WOUND IN HEAD		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SELF-INFLICTED WOUND	
20c. TIME OF INJURY Hour a.m. p.m. UNK 6-7-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) SCHOOL YARD		20f. CITY, TOWN, OR LOCATION ALTON	
20g. COUNTY OREGON		20h. STATE MISSOURI	
21. I attended the deceased from June 7, 1963 to June 7, 1963 Death occurred at DEAD ON ARRIVAL 1150 am on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) RUDOLF KNAPP, M.D., Assistant Physician		22b. ADDRESS VAH, POPLAR BLUFF, MISSOURI	
22c. DATE SIGNED 6-10-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/9/1963	23c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery	
23d. LOCATION (City, town, or county) Oregon County, Mo.			
24. FUNERAL DIRECTOR Carter Funeral Home Thayer, Mo.		25. DATE RECD. BY LOCAL REG. 6/17/1963	
26. REGISTRAR'S SIGNATURE Thelma Graham			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER: RIBBONVS 300
Rev. 4/59

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

DATE AMENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jerry Cravens

Licensed Embalmer No. 5050

P. O. Address Shaver, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.